

**Objective:** This prospective randomized open label trial compares the efficacy of sclerotherapy with polidocanol versus long-pulsed Nd:YAG laser in the treatment of leg telangiectasias.

**Patients and Methods:** Fifty-six female patients with primary leg telangiectasias and reticular veins (C1A or SEpAS1PN) were included in the study. One leg was randomly assigned to get treatment with the multiple synchronized long-pulsed Nd:YAG laser, while the other received foam sclerotherapy with polidocanol 0.5%. The patients were treated in two sessions at intervals of 6 weeks. The patients were evaluated by the handling physician after 6 weeks and 6 months. Two investigators assessed blindly at the end of the study the photographs for clearing of the vessels using a six-point scale from 1 (no change) to 6 (100% cleared). Patients reported about pain sensation and outcome satisfaction.

**Results:** According to the handling dermatologist, at the last follow-up, there was an improvement of 30 - 40% with a median of 3 (IQR 2) and a good improvement of 50 - 70% with a median of 4 (IQR 2) after laser treatment and sclerotherapy, respectively. In contrast, according to the blinded investigators, there was a median of 5 (IQR 1) with a very good improvement of > 70% after both therapies. Improvement was achieved more quickly by sclerotherapy, although at the last follow up visit there was no difference in clearance between the two groups as assessed by the blinded experts (p-value 0.84). The degree of patient's satisfaction was very good and similar with both therapeutic approaches. There was a significant difference (p-value 0.003) regarding pain perception between the types of therapy. Laser was felt more painful than sclerotherapy.

**Conclusion:** Telangiectasias of the lower extremities can be successfully treated with both synchronized long-pulsed Nd:YAG Laser and sclerotherapy. The 1064-nm long-pulsed Nd:YAG laser is associated with more pain at the current technical stage and is suitable especially in case of needle phobia, allergy to sclerosants and in presence of small veins with telangiectatic matting, while sclerotherapy can also treat the feeder veins. Hence, both approaches should be probably used best in combination

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#### **Brimonidine – Novel treatment option for rosacea directly targeting facial erythema**

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Rosacea is a common chronic inflammatory disorder of the central facial skin known to have a major psychosocial impact on a patient's life. Besides central facial erythema, papules, pustules, and rhinophyma which are visibly evident, patients also suffer from flushing, burning sensations, and painful stinging. The characteristic facial erythema, which intensifies during flares and persists afterwards to varying degrees, occurs secondary to vasodilatation and fixed vascular changes that develop over time. As current therapies target mainly inflammatory processes in rosacea, they show efficacy on papules and pustules but don't lead to remission of persistent facial redness. Brimonidine (Mirvaso), which will be mar-

keted in Switzerland next year, is an alpha-2 adrenergic receptor agonist thereby targeting directly the facial erythema in rosacea.

Here we report several cases of rosacea treated with brimonidine 0.33% gel for persistent erythema in our outpatient clinic. Upon application of brimonidine patients were followed for 3 hours and photographs were taken regularly. Patients showed rapid improvement of diffuse facial redness within 15-30min and the peak effect lasted for several hours. One patient reported rebound-like burning sensation after several days of treatment but therapy was well tolerated in general. Thus, Brimonidine will provide dermatologists with a new therapeutic option for rosacea that directly targets facial erythema. In the future, it might enable patients to perform continuous therapies of papulopustular rosacea with classical anti-inflammatory agents accompanied by treatments "as needed" of visibly disturbing, persistent facial redness.

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#### **Five Rotation flaps for retroauricular helix repair of the ear**

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**Background:** Tumors of the retroauricular part of the helix of the ear are not so rare and post Mohs micrographic surgery defects can sometimes result in extensive defects.

**Objective:** To show different possibilities of reconstruction of the retroauricular part of the ear by rotation flaps.

**Methods:** Presentation by photographs and figures different variations of rotation flaps, which allow a rapid repair of retroauricular defects perfectly, adapted to the convex shape of the ear.

**Results:** 24 cases of rotation flap reconstructions of retroauricular defects showed excellent final result. None of the flaps suffered from necrosis or ischemia. **Conclusion:** The rotation flap is by his form perfectly adapted to the physiognomy of the retroauricular helix and convex surface of the ear. This flap shows clear advantages compared to other reconstructions. We think that most defects on the retroauricular helix can be reconstructed by one of four varieties of rotation flap combinations.

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#### **Brentuximab vedotin as a treatment for CD30+ Mycosis Fungoides and Sézary syndrome: a case series of four patients**

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